

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO.		FILING DATE		
						APPLICANT(S)				
						CLAIMS				
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*	*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51			
2		/					52			
3		/					53			
4		/					54			
5		/					55			
6		/					56			
7		/					57			
8		/					58			
9		/					59			
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13		/					63			
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15		/					65			
16		/					66			
17		/					67			
18		/					68			
19		/					69			
20		/					70			
21	X						71			
22		/					72			
23		/					73			
24		/					74			
25		/					75			
26		/					76			
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28		/					78			
29		/					79			
30		/					80			
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35		/					85			
36		/					86			
37		/					87			
38		/					88			
39		/					89			
40		/					90			
41		/					91			
42							92			
43							93			
44							94			
45							95			
46							96			
47							97			
48							98			
49							99			
50							100			
TOTAL IND.		7					TOTAL IND.			
TOTAL DEP.		97					TOTAL DEP.			
TOTAL CLAIMS		104					TOTAL CLAIMS			